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BIBDATASHEET**CONFIRMATION NO. 6503**

Bib Data Sheet

SERIAL NUMBER 10/634,599	FILING DATE 08/05/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 3342
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APPLICANTS

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

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/03/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Advance	STATE OR COUNTRY CO	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
Examiner's Signature  Initials 					

ADDRESS

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83701

TITLE

Day care sleeper

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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